

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW HAMPSHIRE

## FINANCIAL DECLARATION

CASE # AND NAME: 1:14-CV-275-LM, USA v. \$9,451 US currency et al

NAME: Charles Fawle PHONE #: N/A  
 ADDRESS: Stafford County HOC MARRIED: YES [ ] NO [☒]  
Dover, NH NUMBER OF DEPENDENTS: 0

WARNING: The information you provide in order to obtain court-appointed representation is subject to the following limitations:

- (1) The attorney/client privilege may not apply;
- (2) The information is subject to being filed with the Court for future examination by the United States Attorney;
- (3) A false or dishonest answer could be punished as a crime; and
- (4) The form must be signed under penalty of perjury.

## ASSETS

## I. INCOME

EMPLOYER'S NAME: N/A (unemployed)  
 MONTHLY WAGES: Gross 0 Net 0  
 WELFARE: 0 SOCIAL SECURITY (Amount Rec'd): 0  
 PENSION: 0 OTHER: 0  
 SPOUSE'S EMPLOYER: \_\_\_\_\_  
 MONTHLY WAGES: Gross \_\_\_\_\_ Net \_\_\_\_\_  
 WELFARE: \_\_\_\_\_ SOCIAL SECURITY (Amount Rec'd): \_\_\_\_\_  
 PENSION: \_\_\_\_\_ OTHER: \_\_\_\_\_

## II. PROPERTY

REAL ESTATE	VALUE	MORTGAGE	NET
1. HOME	<u>0</u>		
2. OTHER	<u>0</u>		
3. OTHER	<u>0</u>		

VEHICLES	VALUE	OWED	NET
1. <u>in my name but not under control</u> <u>MG Zda 6</u>	<u>8,500</u>		
2. <u>mercury glend mercury</u>	<u>24,500</u>		
3. _____			

## III. OTHER ASSETS

1. CASH ON HAND	<u>0</u>	6. JEWELRY	<u>0</u>
2. CHECKING ACCOUNT	<u>700</u>	7. STOCKS	<u>0</u>
3. SAVINGS ACCOUNT	<u>0</u>	8. BONDS	<u>0</u>
4. CREDIT UNION	<u>0</u>	9. OTHER	<u>0</u>
5. ACCOUNTS RECEIVABLE	<u>0</u>		

(COMPLETE REVERSE SIDE)

**LIABILITIES****I. REAL ESTATE**

LENDER	TOTAL OWED	MONTHLY PAYMENTS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**II. MOTOR VEHICLES**

LENDER	TOTAL OWED	MONTHLY PAYMENTS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**III. GENERAL DEBTS**

LENDER	TOTAL OWED	MONTHLY PAYMENTS
1. <u>med. eq. (van)</u>	<u>approx. \$500</u>	<u>unknown</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**IV. HOUSEHOLD EXPENSES**

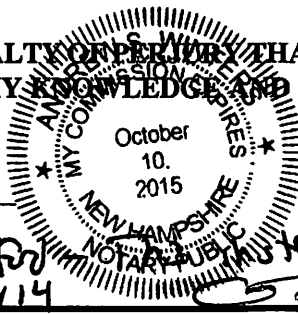
0 (incarcerated)

1. TELEPHONE	_____	8. GROCERIES	_____
2. UTILITIES	_____	9. MEDICAL/DENTAL	_____
3. CHILD SUPPORT	_____	10. SCHOOL	_____
4. ALIMONY	_____	11. CHURCH	_____
5. CLOTHES	_____	12. TAXES	_____
6. TRANSPORTATION	_____	13. RENT	_____
7. INSURANCE	_____	14. OTHER	_____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

11/7/14

DATE

State of NH, County of Strafford  
Charles F. Wile on 11/7/14

SIGNATURE

[Signature]

REQUEST APPROVED: ( )

REQUEST DISAPPROVED: ( )

Date: \_\_\_\_\_

\_\_\_\_\_  
United States Magistrate Judge  
United States District Judge